Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

	143036595
119 007 Study Area Code (SAC)	Service Provider Identification Number (SPIN) ETC) must provide a certification form for each SAC through which it provides Lifeline service).
An Eligible Telecommunications Carrier (2017 Recertification Year State	Douniciang
DBA, Marketing, or Other Brandi (If same as ETC name, list "N/A" Do not le	ng Name Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
oes the reporting company have a covide a list of all ETCs that are affiliated a distribution of the control of	Affiliated ETCs? Yes No O No O with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) or indirectly or indirectly as "a person that (directly or indirectly) or indirectly or indirectly as "a person that (directly or indirectly) or indirectly or indirectly as "a person that (directly or indirectly) or indirectly or indirectly as "a person that (directly or indirectly) or indirectly of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) or indirectly of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) or indirectly of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) or indirectly or

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month. subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

yes, record the number of subscr	0
P	Subscribers De-Enrolled for Non-Usage
Month	29
January	303
February	154
March	123
April	84
May	
June	Ø
July	Ø
August	Ø
September	Ø
October	Ø
November	Ø
December	194
Total Subscribers	WIS

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed

Initial KAL

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section Minimum Service Level

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

C. T	otai numoc		noeis Lic		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A. B.	Jan 0 0	Feb 0 0 0	0 0 0	0 0 0	0 0 0	0 0	Ø	Ø	Ø	Ø	Ø Ø	2432 2432 Ø	2432 2432 Ø

Recertification Methods

D. Subscribers recertified through ETC access to state or federal database by anniversary month

D. Subscribers recertified	through ETC access	ugh access to	a state or fee			Sep	Oct	Nov	Dec	Year Total
Report the number of eligible state. D. 0 0	Mar Apr O O	May	Jun O	Jul O	Aug	0	0	0	0	0

Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

F. Subscribers contacted by	ETC directly to rec	ettily (100 mg	tain recertification of	of eligibility	2	Oct	Nov	Dec	Year
Report the number of Lifeline sul	Mar Apr	May Jui	n Jul	Aug	Sep	Ø	Ø	Ø	Total
F. 0 0	0 0	0	0 0	W	-				

G. Subscribers who failed to recertify through ETC direct outreach attempt

 G. Subscribers who failed to recertify through E.I. 	C direct outrain	enouse to the ETC's ou	treach attempt	-	Taylor	Dec	Yes
Report the number of Lifeline subscribers de-enrolled due	May Jun	Jul Aug	Sep	Oct	Nov	Dec	Tot
Jan Feb Mar Apr		Ø Ø	Ø	Ø	Ø	0	Q

G.	Subscribers '	who failed	10 100011113	Vertical value		ility or non-	response to th	e ETC's out	reach attempt	Lost	Nov	Dec	Year
Rep	Subscribers ort the number	of Lifeline s	ubscribers de	Apr	May	Jun	Jul	Aug	Sep	Oct	1107	0	Total
	Jan	Feb	Mar	1.4	1	10	Ø	Ø	Ø	Ø	Ø	0	0
C	. 0	0	0	0	Ü	0					- 11		

H. Subscribers who recertified through ETC direct outreach attempt

H. Subscribers who recertified through ETC direct	respectified through ETC's outreach attempt.	Oct Nov Dec Year
Report the number of Lifeline subscribers that successfull Jan Feb Mar Apr	May Jun Jul Aug Sep	5 Ø Ø Ø Ø
н. 0 Ø Ø Ø	0 0 0 0	

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

I. S	Subscribers	s whose el	igibility was	reviewea	by state au		T 1117-M 283-1141-	detector or l	ISAC for the	purpose of	recertification	n.	Year
Repor	Jan	r of Lifeline Feb	e subscribers	Apr O	a state admi May	Jun O	Jul O	Aug	Sep O	Oct	Nov	О	Total

- Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

 K. Subscribers de-enrolled as a 	result of a third p	arty recertii	ncanon acc	Omps		-t-tar third	l party admir	nistrator, or l	JSAC.	T-1	
Report the number of subscribers as a Jan Feb M	a result of ineligibilit	May O	Jun O	Jul O	0	0	Oct	0	Dec	Year Total	

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

 Subscribers who recertified through a state at 	difficulty third party admini	strator, or USAC	Dec Year
Report the number of subscribers that recertified throughtured in the subscribers who recertified throughtured in the subscribers that	h a request from a state administrator, time pay May Jun Jul Aug Se O O O O	0 0 0 0	0 0

Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

	KAL
Initial	KHL

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s)

listed above.		
Initial	for any Life	eline subscribers for the current Form 555
No Subscribers I certify that my company did not claim for data year. I am an officer of the company above.	ederal low income support for any Life named above. I am authorized to mak	eline subscribers for the current Form 555 te this certification for the SAC listed
Initial		Q = M/N*100
M = (G+K)	N = (D+F+I)	Percent of subscribers due for

itial	N = (D + F + I)	O = M/N*100
M = (G+K) Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
D	0	00.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Signature of Officer klehrman@readywireless.com

Email Address of Officer Oliver J. Moeller

Person Completing This Certification Form

Kimberley Lehrman, President Printed Name and Title of Officer

12/24/2018

Date 3197434641

Contact Phone Number

Affiliated ETCs

Addition	
	Name
AC	There
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